

# Phew Care Home Service

Phew (Scotland) 49 Hope Street  
MOTHERWELL  
ML1 1BS

Telephone: 01698 404 051

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Phew (Scotland )

**Service provider number:**  
SP2003000240

**Service no:**  
CS2003001225

## About the service

Phew is a residential service located in the centre of Motherwell. It offers short breaks to adults with disabilities. Phew has up to 14 places. People using the service are accommodated in single bedrooms with en-suite facilities.

The provider is Phew (Scotland). Phew's mission statement says it 'offers quality accessible planned and crisis services, to all eligible people with a disability, their families and carers. This service registered with the Care Inspectorate on 1 April 2011.

As a result of the COVID-19 pandemic, the service had been required to close for a period of time under government regulations. This meant that people who used the service were unable to access respite, that was familiar to them for a long period of time. The service had reopened for respite in July 2021 and was continuing to work in a way, that ensured people's wellbeing with regards to COVID-19 infection.

## What people told us

There were five people using the service when we inspected. We spoke with three of them and they told us their views about Phew. We looked at some recent feedback the service had received from relatives and carers of people who used the service.

Overall, people were very happy with the service they got at Phew. People told us they liked coming to the service as it was "good to get a break" and they enjoyed the activities and facilities.

Relatives and carers were pleased the service had been able to reopen as their loved ones enjoyed going for a break there and were cared for by staff and a management team who knew them well. This meant they were able to get much needed respite for themselves and other family members.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

People who use care services should expect to receive compassionate care and support. The interactions we

observed between people who used the service and staff were caring and respectful. People told us their views about the staff and the care and support they received. These views were positive, people clearly got on with staff and members of the management team. We could see that people were listened to and their views and wishes respected.

People should receive responsive care and support where they are included in agreeing their care plans. We found that overall, people were being supported to do things they wanted to do, whilst accessing the service and that at times, when this had not happened this was feedback to their main carers or relatives, with a plan to try to achieve this at the persons next visit.

We saw that overall, medication was well managed for people and we found that there was not an over reliance on as required medications, for helping people manage periods of stress or agitation. The service was working well in conjunction with other professionals and relevant guidance around other techniques to manage stress or agitation which we observed. Other health input from district nurses, GPs and consultants was sought and acted on as required. There had been some recent errors involving medication that the manager was investigating and changes were being made to the checking in system, to reduce the risk of further errors.

People continued to have nutritional needs and requirements met and we noted there was still an effective system in place within the kitchen, to ensure peoples dietary needs were followed. The kitchen was extremely well stocked with good quality products both fresh and frozen to allow for people's preferences to be met.

We saw that the service had worked hard to offer new and interesting activities to people, so that they got the most out of their stay. This had been made more challenging by the restrictions around the pandemic, which had meant some social groups people previously attended in the community had not been able to resume. However, we were pleased to see that visiting entertainers had been introduced to the service, including a visiting pet and small animal service, and aromatherapy and massage that people enjoyed. This helped people get the most out of their stay.

## How good is our leadership?

4 - Good

People should benefit from receiving care and support from a service that has a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

There had been changes to the management team since the service was last inspected which included, a new registered manager, assistant manager and team leader. These key roles were supported by a board appointed consultant who was very involved in the service and instrumental in bringing about the changes that were needed. All these roles had clear remits and functions which should enable further development and progress. Staff practice issues were being dealt with appropriately and negative practices and attitudes were being challenged and managed properly. This meant that the culture within the service was changing for the better.

Notifications were being made appropriately which helped to increase a sense of transparency and partnership working that had been lacking previously.

The service had made good progress in developing a robust and effective service improvement plan. This was called the recovery action plan. We found that this tool had allowed specific key areas of service delivery and operation to be addressed. Many of the issues identified within the tool were linked to issues

from previous inspection findings, and we saw that there was progress across a considerable amount of those areas. Additionally, the recovery action plan highlighted further areas of development. This meant that the tool was being used effectively to support quality assurance within the service. We had made a requirement around this at a previous inspection and this requirement has been met.

We made some suggestions on how the quality assurance tools could be improved such as, by including samples of care plan audits in the new service audit, a regular management walk round of the service to look at the environment and staff practice and record keeping around mattress checks.

## How good is our care and support during the COVID-19 pandemic?

3 - Adequate

The home was clean, tidy, and overall in a good state of repair. We did note that some improvements were needed in relation to the safe disposal of PPE and that domestic staff were clear about appropriate cleaning products. The management team responded quickly to address these issues.

Enhanced cleaning schedules were in place, this included, two hourly cleaning of touch points throughout the home. We suggested that cleaning schedules for particular areas of the home such as, the games room and cinema room could be developed to include, game station and television controllers being cleaned after use or regularly throughout the day. This would help to make cleaning practices more robust and transparent and reduce the risk of infection.

A regular audit system such as, a manager walk round would be helpful to enable the management team to have a more informed overview of infection prevention and control practices. This should be implemented and used to inform practice and support the service to continue to be outbreak ready. (See area for improvement 1)

PPE (personal protective equipment) supplies were good and were available for staff throughout the home. Staff had received training and were knowledgeable about COVID-19 and infection prevention control. Staff were using the appropriate PPE in line with guidance and were promoting social distancing with the people they supported. This was managed sensitively and with regard to individual needs.

People have the right to experience a warm atmosphere because there are good working relationships. We saw that staff worked together with a degree of respect and support to each other. Whilst this was positive, there was still work needed to fully cement a team approach amongst newer and longer serving staff members.

New staff were supported to get to know people's needs and routines through a period of shadowing as part of their induction. There were some new staff on shift when we visited and they expressed feeling welcomed and well supported.

Where people received one to one time this was prioritised on the staff rota, and staff were clear at the start of each shift what one to one duties they would undertake. Some staff expressed concern that in the past there had been times when it felt there were not enough experienced staff on shift. However, they also noted that the management team listened to these concerns and steps had been taken to bolster support, mentoring and guidance to the team via the team leader role.

Staff were carrying out daily lateral flow device testing and weekly PCR testing. We observed staff wearing face masks in line with guidance and carrying out hand hygiene appropriately.

When we spoke to staff about the practice in relation to PPE they were not clear on some aspects of this, in particular the order for donning and doffing PPE. The manager advised us that staff had been provided with this information early in the pandemic with some refresher information provided subsequently. We saw that staff had access to online learning and this had been completed by the majority of the staff team, with only some very new team members to complete. The manager should ensure that staff practice is fully compliant with guidance. We suggested enhancing observation of practice tools with a focused PPE observation and questioning to ensure staff learning and understanding.

The staffing arrangements were sufficient to meet the needs of the people receiving care in the service. We noted that the service had been affected by social care sector staffing issues which meant, there was some turnover and staff shortages. We saw recruitment activities were ongoing over the course of our inspection. The service was taking appropriate steps to maximise its staff team numbers.

### Areas for improvement

1. The management team should monitor IPC (infection prevention and control) practices on a regular basis, to ensure that proper use of suitable cleaning products, appropriate and safe use and disposal of PPE is happening.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

"My environment is secure and safe". (HSCS 5.17)

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must ensure it carries out regular, comprehensive quality assurance audits, of all key areas of service provision, which should include, but not be limited to, the quality of care documentation, analyses of falls, accidents and incidents, to ensure appropriate actions are taken to improve care and reduce risk.

This is in order to comply with Scottish Statutory Instruments 2011/210 3 Principles, which state that "A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them".

This is to ensure management and leadership is consistent with the Health and Social Care Standards, which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19), and my care and support is provided in a planned and safe way, including, if there is an emergency or unexpected event (HSCS 4.14).

Timescale: three months from receipt of this report.

**This requirement was made on 26 August 2019.**

#### Action taken on previous requirement

The provider had developed and introduced a range of quality assurance methods including, medication audits, staff observation of practice, accident and incident reporting templates including, follow-up and analysis and overviews and audits on the quality of care plans and reviews. This had helped to inform practice and ensure that where there had been issues or errors appropriate action could be taken to prevent these from reoccurring.

This requirement has been met.

**Met - outwith timescales**

#### Requirement 2

The provider must develop, implement, monitor and review its own service improvement plan. This plan should:

- Set out the main areas of day to day service provision,
- Provide an assessment of performance of each area (informed by, but not limited to, audits, service user feedback and inspection activity)
- Identify what improvements are needed and how these should be met,

- Include detail as to who is responsible for seeing through these improvements, and timescales for completion or review of progress.

This document should be a live record of progress and performance within the service, so that it is regularly referred to and updated.

This is in order to comply with Scottish statutory Instruments 2011/210 3 Principles, which state that "A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them".

This is to ensure management and leadership is consistent with the Health and Social Care Standards 4.19 which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

Timescale: two months from receipt of this report.

**This requirement was made on 26 August 2019.**

### Action taken on previous requirement

The provider developed a service recovery action plan. This allowed for identification of areas of improvement and development. This was in place timeously after the last inspection and has been regularly reviewed and updated since. The recovery action plan had been supplemented by additional effective quality assurance mechanisms (see requirement 1) that contribute to the overall quality assurance process.

This requirement has been met.

### Met - within timescales

## Requirement 3

In order to ensure that people receive care and support that is right for them, meets their needs and wishes and ensures their own and others' safety, the provider must ensure that care plans are appropriately completed, reviewed and updated to reflect people's current needs.

In order to do this, there needs to be a full audit of all care plans for people using this service, with an action plan attached to each care plan that demonstrates what action is needed, in order to bring the care plan up to the required standard, timescales for completion, who is responsible for completion and a signing off section to inform that the necessary actions have been taken. Where possible key workers should be involved in this process, in order to engage them in it and offer them a learning opportunity.

This is in order to comply with Scottish Statutory Instruments 2011/210 5 Personal Plans, which state "a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service, prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met".

This is in accordance with the Health and Social Care Standards 1.15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices," 1.19 "My care and support meets my needs and is right for me" and 1.24 "Any treatment or

intervention that I experience is safe and effective".

Timescale: To be completed within one month from receipt of this report.

**This requirement was made on 26 August 2019.**

### Action taken on previous requirement

The management team developed and implemented an audit tool to allow for effective oversight of care plans, in order to ensure quality. We saw some examples of these that had been carried out and how care plans had been updated accordingly to a good standard. However, due to the service being closed for a period of time because of the COVID-19 pandemic, there had not been sufficient opportunity to properly review the care plans for all those people using the service in a meaningful way. We expect that given more time to operate this audit tool the management team will complete this and ensure care plans are fully reflective of people's current needs and wishes.

We will revisit this requirement at the next inspection.

**Not met**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure each person who stays at Phew has at least an annual formal review of their care and support needs and wants. The person, their carers and all professionals concerned should be invited with absences and apologies minuted.

This is to ensure the care and support is consistent with Health and Social Care Standards which state, I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12).

**This area for improvement was made on 20 August 2018.**

#### Action taken since then

As a result of the COVID-19 pandemic, the service had required to close for a period of time. This impacted significantly on its ability to review people's care and support needs. Since re-opening in July 2021, the service had begun to work through reviews with people as they accessed the service, sometimes in collaboration with other care providers which is good practice. We saw that although there were still a number of reviews to be completed, there was progress in this area. We will revisit this area for improvement at the next inspection.



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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